A similar relation to the production of suppuration and the prevention of coagulation of blood is shown by two other ptomaines, namely, cadaverin and putrescin, placed at the disposal of the author by Brieger.—*Archiv. f. klinisch. Chirurgie*, bd. xxxvi, pp. 925–933.

IV. The Probing of Granulating Wounds. By R. VON MOSETIG MOORHOF. The author utters a timely warning against the too frequent abuse of the probe in granulating wounds. Septic infection can be produced not only through unclean instruments, but by means of the most carefully disinfected probe. The granulating surfaces exposed to the air, probably have upon their surface harboring places for bacteria. So long as the granulations remain intact, these germs are innocuous; as soon as the granulations are injured, the lymphatic spaces are opened, into which the cocci pass. They quickly multiply and initiate progressive septic processes. These dangers are diminished by careful disinfection of the wound as well as of the probe before introducing the latter. Cauterization of the surface with nitrate of silver previously, or simultaneously with the use of the probe by coating the latter with the melted salt, is recommended as an efficient method of preventing infection.—*Wiener Med. Presse*, 1888, No. 15.

G. R. FOWLER (Brooklyn.)

V. A New Mode of Treating Tuberculous Processes. By A. LANDERER (Leipsic). An experimental study of tuberculous affections, with a view to their cure, extending over a period of five years, and still unfinished for want of time.—Tuberculous affections of the more severe forms, such as suppurative, cheesy, necrobiotic processes can heal by cicatrisation. Now tuberculous inflammations, having only a limited blood-supply (due to the slight vascularity of the formations), are not prone to cicatrise. Hence it becomes necessary to establish an inflammation at the points affected, in order to produce a solid cicatrix and thus cure the disease. The author seeks to establish an aseptic inflammation by chemical means. Carbolic acid and sublimate are not eligible for this purpose on account of their being too quickly absorbed; others, such as creoline, have not yet been tried.

After numerous experiments the author came to prefer Peruvian balsam, to which he attributes an excellent anti-tubercular action. This substance requires to be brought into contact with every portion of the tuberculous diseased tissues, and in a sufficiently concentrated form. For tuberculous ulcerations of the skin, he uses a plaster prepared with one part balsam to three or five parts of adhesive plaster, to which one part of wax may be added. For fistulæ and deeper seated ulcerations, he uses a solution of the balsam in sulphuric ether (one in three, or one in five) for injection. For injection into the tissues he uses an emulsion of the concentration of one in 400 or 500 and alkaline in reaction, being a suspension of an emulsion prepared with oil of almonds in a 0.7 per cent solution of salt. In order to combat the disease in the entire system, and reach such foci as are situated at points removed from the surface (as in the lungs), he makes intravenous injections of this emulsion, taking care always to observe the size of the globules with the microscope beforehand in each case. so as to ensure their not being larger than a red blood-corpuscle. If this is the case he expects the particles to be deposited by the blood-current at the foci of disease, as has been experimentally shown of other bodies by Schuller and others.

After perfecting the technique (which is accurately described) by injections in healthy rabbits, the author next inoculated a number of other rabbits with tuberculous material, and then treated them according to his methods, with more or less efficiency, according to the intensity of the infection and the care taken to cure it. Microscopic examination appears to verify the author's expectations as to the formation of connective tissue around the foci.

The observations made of this method of treatment in human subjects amount to 51 in number. 16 cases of tuberculous lymphatic glands of several years standing, and repeatedly but unsuccessfully treated by operative methods, were permanently healed within 4 to 12 weeks. 29 cases of bone disease, generally implicating joints (white swelling), some of which had refused amputation, were cured and their general health wonderfully improved after treatment by injections, combined in some cases with minor operative procedures.

Four cases of lung-tuberculosis were also treated by intra-venous injections. Two recovered after cure of bone disease; two others improved for a time; one could not be treated sufficiently long. One case of tuberculosis of the bladder was much improved after a mixed treatment.—*Münchener Medicin. Wochenschrift*, 1888, No. 40 and 41.

W. W. VAN ARSDALE (New York).

VI. Experimental Contributions upon the Etiology of Traumatic Tetanus. By Dr. v. EISELBERG. The question of the occurrence of typical tetanus after injury in individuals heretofore healthy, is carefully considered. The opinion is held that infection by means of field and cellar earth, wood splinters, etc., is the direct cause of the disease. This is further strengthened by experiments upon animals in whom the disease was produced by inoculation from these materials, and, moreover, the existence of the specific bacillus could be demonstrated at the point of inoculation. Wound secretions and portions of skin from the wound edges of those persons affected with the disease, were found to be frequently tetanogenetic to animals; a like result was produced by inoculation of mixed cultures. Attempts to make purer cultivations from these materials failed. The existence of idiopathic or spontaneous tetanus is doubted, the author believing that the point of entrance of the specific poison into the body may be so small as to escape notice. This view has been held by Verneuil for some time. The etiological conditions of tetanus are, therefore, in this respect, analogous to those of erysipelas.—*Wiener klinische Wochenschrift*, 1888, Nos. 10 and 13.

GEO R. FOWLER (Brooklyn).

VII. A Case of Akromegalia. By Dr. A. BIER (Kiel). Of interest in view of the American case recently shown by Dr. Adler, of New York. Bier numbers his as the third case so far described since Maril's, in 1886. One of these, as yet unpublished, was shown by Curschmann before the Schleswig-Holstein Medical Union. The general characteristics of the disease are:

1. It begins in middle life and runs a very slow course.
2. The most prominent symptom is a remarkable enlargement of